

GUIDELINES FOR DEVELOPMENT –

MEDICARE / STATE CERTIFIED HOSPICE

These guidelines are for use in development of a **Medicare / state certified hospice** provider.

A Medicare/state certified hospice must meet the Medicare certification requirements specified in 42 CFR 418 Conditions of Participation for Hospice and the state certification requirements specified in 197.250-197.280 RSMo and 19 CSR 30-35.010 – 30-35.030. **Please review these statutes and regulations before proceeding with this process.**

If you wish to participate as a Medicare/state certified hospice, submit the following information to:

Missouri Department of Health and Senior Services
Bureau of Home Care and Rehabilitative Standards
P.O. Box 570
Jefferson City, MO 65102

The application will not be processed until all of these items are received:

1. Letter of Intent for State Licensure and/or Medicare Certification
2. Application for Hospice Certification
3. \$500 licensure fee made payable to the Missouri Department of Health and Senior Services **(non-refundable)**
4. State Disclosure of Ownership and Control Interest Statement – 1 copy
5. Assurance of Compliance (Title VI of Civil Rights Act) – 2 copies
6. Hospice Request for Certification in the Medicare Program
7. Health Insurance Benefit Agreement – 2 copies. On the second line of the Health Insurance Benefits Agreement, after the term Social Security Act: enter the corporate name of the enterprise, followed by the "doing business as" d/b/a name (if different from the corporate name). Ordinarily, the agreement will be completed with the name used on all official correspondence. For example, the XYZ Corporation, owner of the Community General Hospice, would enter on the agreement: "XYZ Corporation, d/b/a Community General Hospice." A partnership of several persons doing business as the Easy Care Hospice would complete the agreement to read: "Robert Johnson, Louis Miller, and Paul Allen, partners., d/b/a Easy Care Hospice." A sole proprietorship would complete the agreement to read: "John Smith, d/b/a Good Care Hospice." The person signing the Health Insurance Benefits Agreement must be someone who has the authorization of the owners to enter into this agreement.
8. Agency policy and procedure manual
9. Proof of current registration with the Missouri Secretary of State. If the agency is using a "doing business as" (d/b/a) name, you will need to provide proof of the fictitious filing. For any questions regarding the registration process or fictitious filing, contact the Secretary of State office at 573- 751-4153. All forms received by the Bureau must list the legal entity name and the d/b/a, if applicable.

Cahaba will be the Medicare Regional Home Health Intermediary (RHHI) for your hospice. You must contact Cahaba directly at 866-539-5592 to obtain the Medicare Enrollment Application (CMS-855A) or

by accessing their website at www.cahabagba.com. You may also access the enrollment form at Medicare's website www.cms.hhs.gov/MedicareProviderSupEnroll/. This form must be completed and returned to Cahaba for approval before you can receive Medicare payments. The surveyor assigned to your agency will not review your policy and procedure manual until the Bureau has received notification from Cahaba that the CMS-855 has been approved.

In developing your policy and procedure manual, refer to the website links for *42 CFR Conditions of Participation for Hospice, Interpretive Guidelines – Hospice (State Operations Manual – Appendix M)* and the website link for the state regulations at *19 CSR 30-35.010 – 30-35.030*. **Policies and procedures must address all of the standards listed in federal and state hospice regulations.** (NOTE: Federal regulations at *42 CFR 418.100* and State regulations at *19 CSR 30-35.020* are relevant only to hospices that provide inpatient care directly in a hospice facility.) In addition to policies relevant to the federal and state hospice regulations, you must include policies and procedures regarding:

- Criminal background checks – refer to website link for *Criminal Background 660.317 RSMo* and *Family Care Safety Registry*
- Alzheimer's and dementia specific training – refer to website links for *Alzheimer's and Dementia Specific Training 660.050 RSMo*
- Advance Directive information – refer to website link for *Missouri Law Regarding a Patient's Right to Make Health Care Decisions* and *Advance Directive Information CFR 489.100-489.104*
- Home Health Aide Competency Evaluation – call the Bureau at (573) 751-6336 to obtain a copy
- Infection control including Hepatitis B requirements per OSHA – refer to website link for *Hepatitis B 29 CFR 1910.1030 (f)(1)(i)(ii),(ii)(A),(2)(iv)*
- Possession of drugs by a hospice – refer to website link *Possession of Drugs by a HHA or Hospice 4 CSR 220-2.010 (8)*
- Patient Rights – statement given to patient must be verbatim from federal regulation – refer to website link *Patient Rights (484.10)*. Additional information may be added.
- Organizational chart
- Job descriptions for all disciplines
- Orientation for direct employees, contract employees and volunteers
- Geographic area to be served by agency – the service area will be limited to the county of the parent agency and any requested bordering counties of the parent agency for the first 6 months following the date of your initial survey. An agency may not request approval to operate a satellite office for at least one (1) year after the initial date of Medicare/state certification.
- CLIA Certificate of Waiver – required if skilled nursing personnel perform fingerstick blood glucose or prothrombin testing. Contact 573-751-6318 for application.

The governing body must approve the policy and procedure manual prior to the initial survey.

After receipt of the required forms and policy manual a surveyor will be assigned to your agency. The following process will be followed:

1. Surveyor reviews and approves policy manual. If additional information is needed from agency before manual can be approved, surveyor will notify agency. **Information needed to complete the manual approval process must be submitted by the hospice within 30 days of request. If timeframe is not met by the hospice, the application will be withdrawn.**
2. Surveyor approves geographic area.
3. Surveyor gives hospice permission to develop a patient caseload after assuring that all staff members are in place and that all contracts for services including respite and acute inpatient are signed.
 - The initial caseload for hospices seeking Medicare/state certification shall be **three (3) patients** for a period of at least **three (3) weeks** for each patient.

- During the start-up period, the hospice shall provide all core services (nursing, social work, spiritual counselor, medical director.)
 - If the hospice has not developed the required caseload within ninety (90) days from the date the agency is given permission to develop a caseload, your application will be withdrawn and your policy manual returned. The state certification fee is non-refundable.
4. The Bureau will issue a temporary operating permit for 90 calendar days and send a confirmation letter to the agency regarding permission to start caseload.
 5. The hospice notifies the Bureau when the required caseload has been achieved.
 6. Surveyor schedules initial survey (preferably within 3 weeks).

The initial survey is unannounced by state and federal requirements. The exit date of the survey is the earliest that your agency can be Medicare / state certified as a hospice. If deficiencies are cited at the time of the survey, the earliest date of Medicare / state certification will be the date that the plan of correction has been approved by the Bureau. You will receive your CMS Certification Number (CCN) and state certification and be able to bill for Medicare services only after the date of the initial survey if deficiency free, or after the date of the acceptable plan of correction if deficiencies are cited. This process may take 2 – 4 weeks following the initial survey. **Under no circumstance can an agency be reimbursed for services furnished to Medicare patients prior to the date of the initial survey.**

After it has been determined all the requirements for compliance are met, the Health Insurance Benefit Agreement will be countersigned by the Center for Medicare and Medicaid Services (CMS). One copy of the agreement will be returned to you with the notification your agency has been approved. This notification will establish your official date of Medicare participation.

Those hospices that are denied Medicare/state certification will be sent notification, indicating the reason for the denial and information about their rights to appeal the decision.

If a hospice fails to complete the process within one year of initial application, the Bureau will notify the hospice that the application is withdrawn and the hospice will need to begin the application process again.

Additional information regarding Medicare/state certification and current hospice issues is available on our website at <http://www.dhss.mo.gov/HomeCare>. All of the website links mentioned are available at the above website by clicking on >>Hospice, >>Applications and Forms >>Hospice Medicare Certification and State Certification Forms and Resources. Please contact the Bureau of Home Care and Rehabilitative Standards at (573) 751-6336 with any questions.

NOTE: If after you receive your Medicare certification you wish to become a **Medicaid** hospice provider, please contact the Department of Social Services, Division of Medical Services, Provider Enrollment Unit by accessing their website at www.emomed.com for enrollment information.